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Testimony: **Raised Bill No. 356 An Act Concerning**

Athletic Trainers

Public Health Committee

March 7, 2016

Good Morning: Senator Gerratana, Representative Ritter and esteemed members of the Public Health Committee.

I want to thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA). I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association. I have strong concerns regarding **Raised Bill No. 356: An Act Concerning Athletic Trainers.**

The National Association states "Athletic Trainers (ATs) are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Students who want to become certified athletic trainers must earn a degree from an accredited athletic training curriculum. Accredited programs include formal instruction in areas such as injury/illness

prevention, first aid and emergency care, assessment of injury/illness”.

The proposed legislation is asking for legislation that allows the ATs to manage, provide emergency care including acute and chronic injuries and cast, on physically active individuals in the community.

One of our concerns regarding this legislation is that it allows the AT to provide care in Communities to potential patients who have not been medically cleared by an appropriate primary provider.

(4) "Standing orders" means written protocols, recommendations and guidelines for treatment and care, furnished and signed by a health care provider specified under subdivision (1) of this section, to be followed in the practice of athletic training that may include, but not be limited to, (A) appropriate treatments for specific athletic injuries, **(B) athletic injuries or other conditions requiring immediate referral to a licensed health care provider, and (C) appropriate conditions for the immediate referral to a licensed health care provider of injured [athletes]** [physically active individuals](#) of a specified age or age group;

This request assumes that the AT will recognize and refer, it does not consider issues that may arise due to a delay in appropriate treatment and it does not call for referral to a qualified primary provider within an accepted or specific time limit. This is problematic because it assumes that the AT has the breadth and depth of knowledge to recognize changes in patients that present after the initial injury that a primary medical provider is educated to assess at the minimum of the Masters or doctoral level.

a) Each person who practices athletic training under standing orders shall make a written or oral referral to a licensed health care provider of any **[athlete]** physically active individual **who has an athletic injury whose symptoms have not improved for a period of four days from the day of onset, or who has any physical or medical condition that would constitute a medical contraindication for athletic training or that may require evaluation or treatment beyond the scope of athletic training.** The injuries or conditions requiring a referral under this subsection shall include, but not be limited to, suspected medical emergencies or illnesses, physical or mental illness and significant tissue or neurological pathologies.

This statement makes an assumption that after four days of no untoward changes occur, it might not be essential for a referral. We believe that all patients should be referred to a primary provider in a reasonable amount of time to provide comprehensive medical assessment by qualified medical providers licensed in the State of Connecticut.

Sec. 3. Section 20-65i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2016*): A license to practice athletic training shall not be required of: (1) A practitioner who is licensed or certified by a state agency and is performing services within the scope of practice for which such person is licensed or certified; (2) a student intern or trainee pursuing a course of study in athletic training, provided the activities of such student intern or trainee are performed under the supervision of a person licensed to practice athletic training and the student intern or trainee is given the title of "athletic trainer intern", or similar designation; (3) a person employed or volunteering as a coach of amateur sports who provides first aid for athletic injuries to **[athletes]** physically active individuals being coached by such person; (4) a person who

furnishes assistance in an emergency; or (5) a person who acts as an athletic trainer in this state for less than thirty days per calendar year and who is licensed as an athletic trainer by another state or is certified by the Board of Certification, Inc., or its successor organization.

We believe that in order to protect the patient **all ATs** need to be licensed, and regulated by DPH. It is the only way that we can monitor care and protect the public we all serve.

It should be noted that this request expansion of “Scope of Practice “ for Athletic Trainers is being requested for individuals who have a minimum of a Baccalaureate degree as entry into the profession. It does not require any supervision by a Licensed Medical provider and will allow the individual AT to practice upon licensure independently.

We believe that the Institute of Medicines recommendations should be applied across health profession

“Providers should practice to the full extent of their education and training

Providers should achieve higher levels of education and training

Effective workforce planning and policy making require better data collection and information infrastructure” (IOM)

This proposal is asking for “Scope of Practice” expansion that is not supported by basic education. All other practitioners’ in Connecticut

are Health and Medical professionals who have practice in health care settings and have the minimum of a Masters degree with a requirement of experience and supervision. It should also be noted that all other educational providers accrediting agencies have moved to Doctoral Degrees for “Entry into Practice.”

Therefore, I speak against **Raised Bill No. 356 An Act Concerning Athletic Trainers as written. I ask you to consider the Global implications of this practice request and to send this request back to the originators for a Formal Review of Scope of Practice under the legislation that defined the process. We legislated the process “ Review of Scope of Practice” let us now use it appropriately.**

Thank you

Mary Jane M. Williams PhD., RN

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